

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006501

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

Registrar's No.

1019

FILED MAR 8 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas City

Length of stay in 1b
15 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION General Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
818 Wyandotte Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
James M. Driskill Driskill

4. DATE OF DEATH Month Day Year
February 15, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-3-25

9. AGE (last birthday)
37

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Union Teamster

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Jamesport, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Clyde Driskill

13b. MOTHER'S MAIDEN NAME

Ruth Ray

14. NAME OF HUSBAND OR WIFE

Jere Driskill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Jere Driskill, 818 Wyandotte Street

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho-pneumonia

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-9-63 to 2-15-63 and last saw her alive on 2-15-63
Death occurred at 7:55 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED
2-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Feb. 15, 1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Bethany Missouri

24. FUNERAL DIRECTOR

832 Armour Road
D.W. Newcomer's Sons, North K.C., Mo

25. DATE RECD. BY LOCAL REG.

2-15-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Frank Ellis MEDICAL CERTIFICATION

VS 300
Rev. 4/59
3008
2 3 120
3
4 0
5 1
6
7 0
8 1
9491X
10
11
12 57-0
13

1981 6 28 03 11 11

3511
2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep., MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.